

## **Agricultural Products Utilization Commission Grant Application**

N.D.C.C. chapter 4-14.1 sets forth authority for the North Dakota Agricultural Products Utilization Commission. N.D.C.C. chapter 4-14.10-01 sets forth the purpose of the Commission:

**4.14.1-01. It is hereby declared to be the public policy of the state of North Dakota to protect and foster the prosperity and general welfare of its people by improving the agricultural economy of the state. In furtherance of this policy, it is the purpose of this chapter to provide necessary assistance to the research and marketing needs of the state by developing new uses for agricultural products, byproducts, and by seeking more efficient systems for processing and marketing agricultural products and by-products, and to promote efforts to increase productivity and provide added value to agricultural products and stimulate and foster agricultural diversification and encourage processing innovations.**

Generally, grant funds are limited to companies<sup>1</sup> registered with the North Dakota Secretary of State (SOS), groups, and individuals that add value to North Dakota agriculture. Successful applications will exhibit thoughtful planning, expansion of jobs in the rural areas, and a reasonable opportunity for commercialization.

The Commission prefers proposals that will encourage the creation of jobs and industry within the agricultural economy of North Dakota, or provide an outlet for products that normally have not been marketed through an existing marketing business. Applicants are encouraged to research the potential market for their products, estimate the financial possibilities of these markets and present a plan of action in their grant application. A realistic time-line for success must be considered. The proposal should exhibit the expansion of jobs in the agricultural economy where the project will take place and the economic impact on the area.

Generally, proposals are not limited to a specific dollar amount. However, APUC's grant monies are finite, and as a mechanism to optimize opportunities, some categories of grants may have limitations on allowable costs that may be included in the project budget. Requests may also include an additional fiscal agent administrative fee of up to 5 percent of the amount requested, not to exceed \$5,000, for their services. Generally, any of the following individuals may qualify as a fiscal agent: Local Economic Developers, County Agents, Regional Councils, RC&D Coordinators, Agricultural Loan Officers, Accountants, and Personal Banker/Loan Officers.

The applicant must commit a minimum match dollar investment of 25 percent of the total amount requested from APUC, exclusive of the fiscal agent administrative fee. In-kind support must not exceed 50 percent of the total match funding and must be supported by a detailed explanation as to how that amount was comprised (prior approval required). Approved indirect costs may qualify as matching funds.

Generally, grants are funded for a single year or for the duration of a designated-term project. Projects that have advanced can reapply for a second grant.

A complete application must contain all information and supplemental attachments requested and have original signatures of the applicant, project advisor (if applicable), and fiscal agent. Please submit one complete application on or before the deadline.

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<sup>1</sup> A Corporate registration number (for in-state owned companies) or a Corporate Certificate of Authority registration number (for out-of-state companies) is provided by the North Dakota Secretary of State (ND SOS). It is required of all companies who are doing business in North Dakota. The Corporate Division of ND SOS can be reached at 701-328-4284 or at 1-800-352-0867, Extension 8-4284.

Each application will be considered on an individual basis and on its own merits. APUC Commissioners will consider the first 15 applications received by the deadline; first-time applicants will be given preference. The applicant(s) may be asked to make a presentation to the full Commission. The Commission reserves the right to reject any grant application.

Generally, grant funds are administered by the Fiscal Agent and disbursed in two installments; the first half when all required paperwork and agreements are completed, which will be drawn down and reimbursed to the grantee as an equivalent amount is expensed on the approved project budget. The second half of grant funds will be released once the entire amount of the project budget (APUC and Match) has been spent and reconciled in the grantee's final report.

**Please thoroughly review the [APUC Grant Guidelines](#) for a complete understanding of all program requirements.**



**GRANT APPLICATION**  
ND DEPARTMENT OF COMMERCE  
AGRICULTURAL PRODUCTS UTILIZATION COMMISSION  
SFN 59481 (8/2016)

The mission of the Agricultural Products Utilization Commission is:  
To create new wealth and employment opportunities through the development of new and expanded uses of North Dakota agricultural products.

**A. APPLICANT INFORMATION (please print or type)**

|                   |       |                  |          |
|-------------------|-------|------------------|----------|
| Applicant Company |       | Telephone Number |          |
| Applicant Name    | Title |                  |          |
| Mailing Address   | City  | State            | ZIP Code |
| Physical Address  | City  | State            | ZIP Code |
| Email Address     |       |                  |          |

|                   |      |                  |          |
|-------------------|------|------------------|----------|
| Applicant Advisor |      | Telephone Number |          |
| Mailing Address   | City | State            | ZIP Code |
| Email Address     |      |                  |          |

|                                 |       |                  |          |
|---------------------------------|-------|------------------|----------|
| Fiscal Agent Company (required) |       | Telephone Number |          |
| Fiscal Agent Name               | Title |                  |          |
| Mailing Address                 | City  | State            | ZIP Code |
| Email Address                   |       |                  |          |

Please mark the type of grant you are applying for. Individual grant guidelines are accessible by selecting the grant title.

- [Basic and Applied Research Grant](#)
- [Nature Based Agri-Tourism Grant](#)
- [Farm Diversification Grant](#)
- [Technical Assistance Grant](#)
- [Prototype and Technology Grant](#)
- [Marketing and Utilization Grant](#)
  - Cooperative Marketing Grant
  - International Marketing (\$5,000 for individual - \$25,000 for collective of 5 or more companies)

**B. GENERAL DESCRIPTION OF THE PROJECT**

|   |  |
|---|--|
| 1. Grant Application Amount (APUC)                |  |
| 2. Estimated Total Cost of Project (APUC + MATCH) |  |
| 3. Estimated Time of Completion of this Project   |  |
| a. Date of Final Report                           |  |

(Generally, grants are for a 1-year period, if you need a longer period of time, please specify.)

|  |
|--|
| 4. Brief description of your project: (Please limit response to space provided.) |
|--|

5. Description of how you plan to use the grant funds: (Please limit response to space provided.)

6. How will North Dakota agriculture benefit from this project?

7. If applicable, describe marketing research that has been conducted to date. (competitors, anticipated market area, potential customers, etc.)

8. List project co-sponsors (including name of organization, address, telephone, key contact and nature of participation) and attach a letter of intent to participate for each co-sponsor.

9. Where will the project be conducted? (City & State)

**C. FINANCIAL INFORMATION**

|   |        |
|---|--------|
| 1. Applicant's Match (personal/company dollar investment) |        |
| 2. Other Matching Funds:                                  |        |
| Person/Business   | Amount |
|   |        |
|   |        |
|   |        |
| Total Amount of Matching Funds                            |        |

(Applicant's match and other matching funds should equal total amount of matching funds.)

|  |  |
|--|--|
| 3. Have all matching funds been secured?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, when will funds be available?   |  |
| 4. What total support (if any) is in-kind support (non-financial supports)?<br>(In-kind support must not exceed 50% of total match funding.) |  |
| 5. Has this project received any public/private funding previous to this proposal? If yes, list the source and amount:                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Source   | Amount   |
|  |  |
|  |  |
|  |  |
| 6. Have you received previous funding from APUC? If yes, list the project and amount:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Project  | Amount   |
|  |  |
|  |  |
|  |  |

**D. BUSINESS INFORMATION**

|  |  |
|--|--|
| 1. Type of Business Structure (e.g. Corporation, Partnership, LLC, Cooperative, Educational, etc.)<br><br><b><i>*If educational agency, proceed to Project Budget.</i></b> |  |
| a. Date of Business Formation  |  |

|   |           |                                     |           |
|---|-----------|-------------------------------------|-----------|
| b. If Not Formed, Anticipated Date  |           |                                     |           |
| c. If applicable, provide the number of individuals in cooperative or list name and address of partners:  |           |                                     |           |
|   |           |                                     |           |
| d. Do you have a Federal Tax ID Number, if so what is it? <input type="checkbox"/> Yes <input type="checkbox"/> No  |           |                                     |           |
| e. System ID Number (North Dakota Secretary of State's Office – Business Records) <a href="https://apps.nd.gov/sc/busnsrch/busnSearch.htm">https://apps.nd.gov/sc/busnsrch/busnSearch.htm</a> |           |                                     |           |
| f. Company Type (3 Digit NAICS Code) <a href="http://www.naics.com/search">http://www.naics.com/search</a>  |           |                                     |           |
| 2. Primary Financial Institution  |           |                                     |           |
| 3. Gross Sales Last Financial Year  |           |                                     |           |
| 4. Are all Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No  |           | If no, years owed:                  |           |
| 5. Anticipated Benefits of Business:  |           |                                     |           |
| a. Estimated Gross Sales  |           | b. Estimated Capital Expenses       |           |
| Year 1  |           | Year 1                              |           |
| Year 2  |           | Year 2                              |           |
| Year 3  |           | Year 3                              |           |
| c. Estimated Operating Expenses   |           | d. Estimated Number of Jobs Created |           |
| Year 1  |           | Year 1                              |           |
| Year 2  |           | Year 2                              |           |
| Year 3  |           | Year 3                              |           |
| 6. Total number of current jobs:  | Full Time |                                     | Part Time |
| 7. Will you be hiring part-time/seasonal workers? <input type="checkbox"/> Yes <input type="checkbox"/> No  |           | If yes, how many?                   |           |
| 8. Will any jobs be created as a result of this grant award? <input type="checkbox"/> Yes <input type="checkbox"/> No   |           | If yes, how many?                   |           |

## Project Budget Instructions

### OVERVIEW

The proposed project budget should only reflect activities and associated costs that will be incurred during the 1-year period of performance allowed for each grant proposal. However, project expenditures related to an approved budget may date back to the time of the application due date through the end date stated in the contractual agreement.

The budget should include project costs that will be charged to grant funds as well as those that will be supported by the applicant or third-party cash match and in-kind contributions (cost sharing). In-kind support must not exceed 50 percent of the total match funding and must be supported by a detailed explanation as to how that amount was comprised (prior approval required). Approved indirect costs may qualify as matching funds.

All items in the proposed budget, whether supported by APUC or by matching funds, must be reasonable, necessary to accomplish the project objectives, allowable in terms of the North Dakota Office of Management and Budget Fiscal and Administrative Policy, and auditable.

The grantee cannot receive more than the total amount awarded to fund a proposal. However, the grant award may be subject to a reduced amount if all grant funds are not expended or respectively matched. Grant funds are generally administered by the Fiscal Agent, who will account for all project expenditures. The Fiscal Agent will reimburse grant funds to the grantee as an equivalent amount is expensed on costs associated to the approved project budget. At the close of the grant, the grantee and Fiscal Agent will prepare and submit a final report supplemented with a financial accounting of all project costs, both APUC and match, and supporting itemized invoices and proofs of payment.

**Provide descriptions and cost breakdown for each of the following funding categories applicable to the project on the budget detail page:**

#### **Salaries/Fringe Benefits**

APUC will only fund salaries/fringe benefits requested in Basic and Applied Research Grant proposals for the graduate students of educational agencies who are assisting with the project. Include personnel title and cost breakdown justifying the rate, salary base, fringe benefits, and percent of time that will be devoted to the project for each individual. In addition, please provide a resume, no longer than one page, for the principal applicant and key participants emphasizing job history pertaining to the project.

#### **Equipment**

APUC will fund equipment for all grant categories except Marketing and Utilization and Technical Assistance Grants. Items in this category may be for costs associated with the purchase of nonexpendable and capitalized property exceeding \$5,000 (e.g. machinery, computer equipment, inventory, etc.).

#### **Supplies**

Items in this category include consumable supplies (materials to be used specifically for the project) and items of expendable equipment (equipment and materials that are not reusable and costing less than \$5,000).

#### **Travel**

Travel costs for mileage will be reimbursed at the applicable North Dakota State Per Diem Rate in effect when the travel occurred. Items in this category may also include lodging (actual cost), airfare, taxi, rental car, etc. Provide the purpose and destinations for the proposed travel, number of individuals in attendance, and breakdown of associated costs. Associated costs incurred for meals are an unallowable expense and cannot be reimbursed by APUC.

#### **Marketing and Advertising**

Marketing Items in this category may include promotional materials, website development, conference and seminars fees, trade show fees, other special events, and hiring a marketing service to develop and complete such tasks. Advertising costs associated with promoting the business or an aspect of the project may include fees for social media, TV, radio, newspaper, magazine ads, Google AdWords, Facebook boosts, billboards, and custom business signs.

**Consultant Fees**

Include in this category costs for services rendered from a third-party contractor for professional and technical services related to the project. Provide a complete itemization of the costs comprising the service(s) rendered and a copy of the signed contractual agreement. Third-party services provided may include a feasibility study, business plan, accounting, legal, business consulting, etc.

**Fiscal Agent Administrative Fee**

The amount requested from APUC may also include an additional fiscal agent administrative fee of up to 5 percent of the amount requested, not to exceed \$5,000, for their services; any of the individuals listed in the Guidelines may qualify.

**Other Direct Costs**

Include in this category other project-specific costs that are directly related to the scope of work. Examples include but are not limited to: building construction, building and site improvements, publications of research results, professional journals, specific sample analysis or evaluations, distribution, rental costs for a specific event (promotional/marketing venues, tables, etc.).

**Indirect Costs**

APUC will not fund indirect costs. In regards to match funding, only the Basic and Applied Research Grant will allow an educational agency to apply an indirect cost rate to supplement APUC funds. The indirect cost rate may include a prorated amount for overhead or administrative expenses that are not readily identifiable with a specific project.

**Project Budget**

| Expenditure                     | APUC Request              | Internal (Applicant Monetary Contribution) | State Funds | Federal Funds | Other Matching Funds (In-Kind & 3 <sup>rd</sup> Party) | TOTAL |
|---------------------------------|---------------------------|--|-------------|---------------|--|-------|
| Salaries/Fringe Benefits        |                           |  |             |               |  |       |
| Equipment                       |                           |  |             |               |  |       |
| Supplies                        |                           |  |             |               |  |       |
| Travel                          |                           |  |             |               |  |       |
| Marketing & Advertising Costs   |                           |  |             |               |  |       |
| Consultant Fees                 |                           |  |             |               |  |       |
| Fiscal Agent Administrative Fee |                           |  |             |               |  |       |
| Other Direct Costs              |                           |  |             |               |  |       |
| Indirect Costs                  | <b>Not Funded by APUC</b> |  |             |               |  |       |
| TOTAL                           |                           |  |             |               |  |       |

**Project Budget Detail**

|                               |
|-------------------------------|
| Salaries/Fringe Benefits      |
| Equipment                     |
| Supplies                      |
| Travel                        |
| Marketing & Advertising Costs |
| Consultant Fees               |
| Other Direct Costs            |
| Indirect Costs                |

**Press Release Information Sheet**

The information on this sheet may be used for public releases in announcements, press releases and other public information.

**Applicant Information**

|                |      |                  |          |
|----------------|------|------------------|----------|
| Contact Person |      | Telephone Number |          |
| Address        | City | State            | ZIP Code |

**Project Information**

|   |                         |
|---|-------------------------|
| Title of Project  |                         |
| Project Start-up Date   | Project Completion Date |
| Brief summary of the project, product or process and proposed commercialization efforts: (Please limit response to space provided.) |                         |
| Total Funds Requested from APUC   |                         |
| Total Project Budget  |                         |
| What will the grant funds be used for? (Please limit response to space provided.)   |                         |
| Name  | Title                   |
| Signature   | Date                    |

**E. REFERENCES**

|   |      |                  |          |
|---|------|------------------|----------|
| 1. Please list the name and phone numbers of two references who are familiar with the applicant's work relevant to the application. The Commission will contact these references. |      |                  |          |
| Name  |      | Telephone Number |          |
| Address   | City | State            | ZIP Code |
| Name  |      | Telephone Number |          |
| Address   | City | State            | ZIP Code |

**F. Additional Attachments**

|   |
|---|
| <p><b>1. Applications, including all supplements, should be concise. Promotional materials or unrelated materials will be discarded.</b></p> <p><b>Supplements to be completed by the applicant are as follows:</b></p> <ul style="list-style-type: none"> <li>a. Resume, no longer than one page, for the principal applicant and key participants emphasizing job history pertaining to application.</li> <li>b. Letter(s) of endorsement</li> <li>c. <i>If applicable (may not pertain to educational agency):</i> <ul style="list-style-type: none"> <li>Business Plan</li> <li>Marketing Plan</li> <li>Feasibility Study</li> <li>Financial Projections</li> <li>Three Years of Historical Financials</li> </ul> </li> </ul> |
| <p><b>2. Additional attachments pertaining to the following specific grant types must be completed by the applicant and submitted with the application.</b></p> <p>Select the grant you are applying for to obtain a list of additional attachments:</p> <ul style="list-style-type: none"> <li>a. <a href="#">Basic and Applied Research Grant</a></li> <li>b. <a href="#">Technical Assistance Grant</a></li> <li>c. <a href="#">Prototype and Technology Grant</a></li> </ul>  |

**G. CONCLUSION**

**A complete application must contain all information and supplemental attachments requested and have original signatures of the applicant, project advisor (if applicable), and fiscal agent. The completed application must be submitted to the Commission on or before the deadline date at:**

North Dakota Agricultural Products Utilization Commission  
 1600 East Century Avenue Suite 2  
 PO Box 2057  
 Bismarck, ND 58502-2057

*\*However, an electronic version may be submitted for initial review.*

**By affixing your signature(s) to this application, the applicant(s) certifies to have read and understood the Guidelines governing award of this grant and agrees to all conditions set forth therein and that all information contained in this application package is true to the best of the applicant's knowledge, information and belief.**

**The North Dakota Agricultural Products Utilization Commission reserves the right to modify or terminate any subsequent agreements with applicant if, at a future date, the Agricultural Products Utilization Commission becomes aware of material misrepresentation(s) contained in this application.**

|                     |      |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

|                   |      |
|-------------------|------|
| Advisor Signature | Date |
|-------------------|------|

|                        |      |
|------------------------|------|
| Fiscal Agent Signature | Date |
|------------------------|------|

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law states that a provider of services may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.

| Ethnicity (mark one)   | Race (mark one or more)   |
|--|---|
| <input type="checkbox"/> Not Hispanic/Latino<br><input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander |

Sex:  Female  Male

I DO NOT WISH TO FURNISH THIS INFORMATION